

L19000 111311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

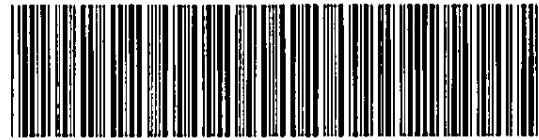
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Cover Letter:

Daytime Telephone
Number

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Return Address

4163 Conway Place Cir.
Orlando, FL 32812

170
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCLUSIVE MED AESTHETICS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA THAYER

Name of Person

EXCLUSIVE MED AESTHETICS, LLC

Firm/Company

9372 BRADLEIGH DR.

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

EXCLUSIVEMEDAESTHETICS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2022 DEC 28 AM 10:08
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

ANDREA THAYER

303 585-0357
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXCLUSIVE MED AESTHETICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/24/19 and assigned
Florida document number L19000111311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

160 S. MAIN ST.

WINTER GARDEN, 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

160 S. MAIN ST.

WINTER GARDEN, 34787

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JEROD THAYER

New Registered Office Address:

9372 BRADLEIGH DR.

Enter Florida street address

WINTER GARDEN

City

Florida 34787

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTINE HIGGINS	4163 CONWAY PLACE CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 3281	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NICOLE FREEMAN	13084 SOCIAL LANE	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREA THAYER	9372 BRADLEIGH DRIVE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK ASSOCIATES FLORIDA

2022 DEC 28 AM 10:08
CELL 01
FALL AND SITE FOR 02

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 12, 2022

Christine E. King

Signature of a member or authorized representative of a member

CHRISTINE HIGGINS

Typed or printed name of signee

Filing Fee: \$25.00